

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Health Science and Technology Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address		City	State	Zip
E-mail Address		Work Phone ()		Home Phone ()
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching I have a current Secondary Education License: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please Check the Health Science and Technology Endorsement(s) For Which You Are Applying		
Health Science <input type="checkbox"/> Introduction to Health Science/Health Technology <input type="checkbox"/> * Medical Anatomy and Physiology (MAP) <input type="checkbox"/> Introduction to Emergency Medical Services <input type="checkbox"/> Exercise Science/Sports Medicine	Health Technology <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Nurse Assistant <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Office Administrative Assistant	Health Technology <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Medical Records Technician <input type="checkbox"/> Medical Transcriptionist <input type="checkbox"/> Other _____
<small>* Biotechnology, Advanced Health Science, Medical Math and Medical English are assignments under the MAP endorsement</small>		

Health Care Employment Record									
Related to the Endorsement Area for Which You Are Applying – (<i>Teaching Experience Excluded</i>)									
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Indicate the number of years of employment related to the endorsement area(s) selected		Verification: Letters from employers verifying work experience, including dates of employment, and copies of related certificates, registrations and/or licenses <u>must</u> be submitted with this application.
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Education If additional space is needed, please attach a separate sheet of paper. Official transcripts <u>must</u> be attached to verify degree and applicable course work highlighted.							
Name of Institution	From		To		Graduation Year	Degree	Major/Minor/Composite
	M	Yr	M	Yr			

Teaching Experience (if applicable) If additional space is needed, please attach a separate sheet of paper.							
Current Educator License:							
Current Endorsements:							
Name of School	From		To		School Address	Subjects	Principal or Director
	Mo	Yr	Mo	Yr			

References (Teaching and/or Employment)			
Name	Address	Position	Phone

Applicant Signature	X	Date	
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----- Information below to be completed by USOE personnel -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
Approved Endorsement:			
Approved Endorsement:			

Signature of State Health Science and Technology Education Specialist	
Signature	Date

Submit completed application, official transcripts, and/or other documentation to: Stephanie Ferris , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752	Licensure Clearance
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